Province of the
EASTERN CAPE
HEALTH

POLICY & BUDGET SPEECH

2026/2027

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Together, moving the health system forward

2030 NDP

EASTERN CAPE DEPARTMENT OF HEALTH BUDGET AND POLICY SPEECH 2026/27 FINANCIAL YEAR DELIVERED TO THE EASTERN CAPE PROVINCIAL LEGISLATURE AT THE RAYMOND MHLABA CHAMBERS ON THE 25th of MARCH 2026 BY HON. MEC NTANDOKAZI CAPA

Madam Speaker and Deputy Speaker
Hon. Premier Mr Lubabalo Mabuyane
Leader of Government Business, Hon. Mvoko
Members of the Executive Council
Hon. Chair of Chairs and Deputy Chair of Chairs
Hon. Chief Whip
Hon. Members of the Eastern Cape Legislature
Our Kings and Traditional Leaders at large
Religious Fraternity and leaders of faith-based organisations
Director-General & Heads of Departments and Entities
Prof Xaba-Mokoena
The Mashiyi Family
Stakeholders
Organised Labour
Esteemed Guests from Nelson Mandela University, Walter Sisulu University
Distinguished Guests
Ngoku khethekileyo, uluntu ngokubanzi lwe Mpuma Kapa

INTRODUCTION

Madam Speaker,

This year marks 30 years since the adoption of the Constitution of the Republic of South Africa, a constitution born out of struggle, sacrifice and the determination of our people to live with dignity. At its core is a clear commitment: healthcare is not a privilege; it is a right. Section 27 guarantees access to healthcare services, including reproductive healthcare, and makes it clear that no one may be refused emergency medical treatment. Section 28 affirms the right of every child to basic healthcare services. As a government led by the African National Congress, we are not custodians of theory; we are implementers of this promise.

Honourable members, as we celebrated International Women's Day on the 8th of March 2026, we are reminded this month of the role of women who built institutions where none existed. Among us today is 88-year-old, Professor Marina Nolwandle Xaba-Mokoena, a medical doctor and pulmonologist, whose work fundamentally changed the trajectory of healthcare in this province.

Born in Willowvale, Prof Xaba-Mokoena trained as a doctor abroad at a time when black South Africans were denied access to medical education locally. Professor Marina Nolwendle Xaba-Mokoena returned not only as a clinician, but as a specialist in lung diseases, with deep expertise in tuberculosis. In 1985, she served as the founding Dean of the Faculty of Health Sciences at the University of Transkei (UNITRA), now called Walter Sisulu University. Where she began with just 12 medical students, of whom 7 successfully completed their studies. Over the years, her contribution to the country has been profound, as WSU has produced more than 2,200 doctors, including over 300 specialists, who continue to serve across the healthcare system. I ask that this House rise to recognise Professor Xaba-Mokoena.

The foundation laid by Professor Xaba-Mokoena did not only establish a medical school, but it also produced a generation of doctors who would go on to shape healthcare in this province. Among the very first cohort of that institution, the pioneers who walked into an uncertain future in 1985, was the late Professor Mkhuseli Mashiyi. He rose to become a renowned nephrologist and Head of the Clinical Unit at Nelson Mandela Academic Central Hospital, dedicating his life to the treatment of kidney disease, advancing clinical knowledge, and mentoring young doctors across the Eastern Cape. That is the legacy of a woman who was able to embody, leadership, compassion and scholarly excellence.

Members of the house, last year, we committed to honouring the legacy of Professor Mkhuseli Mashiyi through the renaming of Mthatha Regional Hospital. Today, we reaffirm that commitment. Today I acknowledge the presence of the Mashiyi family in this House.

Building on the vision of Prof Xaba-Mokoena, the Department launched the Walter Sisulu University Rural Clinical School at St Elizabeth Hospital in Lusikisiki in February 2026. This initiative places final-year medical students in rural communities for the full academic year, with St Elizabeth serving as the hub alongside linked district hospitals such as O.R. Tambo Regional

Hospital and Bambisana. The programme strengthens community-based training, connects young doctors with the realities of rural healthcare, and enables research into the often-under-researched conditions affecting our communities.

As a result of her vision this Policy Speech is therefore dedicated to Professor Marina Nolwandle Xaba-Mokoena, for her courage, leadership, and unwavering refusal to accept limitation. It honours her fearless pursuit of a health system that serves all, and the countless women who came before and after her, who laid the foundation, often without recognition, for the system we are entrusted to lead today.

GLOBAL AND NATIONAL HEALTH CLIMATE

We are operating in a difficult and contested environment, both globally and nationally. Globally, the health landscape is shifting. On 24 January 2026, the United States formally notified its intention to withdraw from the World Health Organisation, raising serious concerns about global coordination in the fight against HIV, TB, pandemics and other public health threats. At the same time, South Africa faces a direct financial impact. The withdrawal of US funding has created an estimated R2.82 billion gap in our HIV and TB programmes for the 2025/26 financial year.

In response to this, the Department secured a Section 16 (S16) emergency allocation which is being used as a critical stopgap to maintain essential HIV/TB services and workforce capacity. The Department is further strengthening a data-driven, targeted approach to maximise impact, ensuring that limited human resources are deployed to high-need areas for improved HAST outcomes.

Additionally, the Department is driving service optimisation and system reforms including:

- Integrating HIV/TB services into core primary healthcare systems
- Advancing digitalisation of planning, monitoring and evaluation
- Expanding cost-effective models such as task-shifting and CCMDD

Honourable members, nationally, we are navigating both reform and constraint. The National Health Insurance (NHI) Act remains law, but its implementation is currently paused due to legal challenges before the Constitutional Court. It is important to clarify that the legal challenge pertains in the main, to the proposed funding model underpinning NHI, rather than the broader policy itself.

Nelson Mandela once said, "Health cannot be a question of income; it is a fundamental human right." As the department of health in the Eastern Cape, our stance is clear: we are obligated to provide universal access. Our responsibility is to prepare, to strengthen the system, and to ensure readiness for implementation.

NHI READINESS

Last year we committed to preparing our health system for the implementation of National Health Insurance. This year, we are putting that commitment into action.

The Department has begun piloting a proof of concept for the contracting of Primary Health Care services in the Ingquza Hill Local Municipality and OR Tambo District, across 21 facilities. This pilot is testing how services will be contracted and delivered under NHI.

All participating facilities are implementing the Health Patient Registration System (HPRS), a national digital platform that assigns a unique patient identifier and establishes a master patient index for all users of primary health care services. We are already seeing encouraging progress. To date, 14 out of the 21 facilities have been certified as compliant by the Office of Health Standards Compliance. In areas such as Flagstaff, where access to doctors remains significantly below the national average, this model is specifically designed to address inequities and expand access to quality care.

THE WARD-BASED PRIMARY HEALTH CARE OUTREACH TEAMS (WBPHCOTs)

The Ward-Based Primary Health Care Outreach Teams (WBPHCOTs) remain the backbone of our community-level health system, bringing services directly into homes, villages, farms, and informal settlements - especially where access to facilities is limited by distance, poverty, or

mobility challenges. Of the households visited in the third quarter, 33,725 were in the province's 39 poorest wards, ensuring that the most vulnerable communities receive priority attention. During these visits, primary healthcare services were delivered to 685,440 individuals aged 5 years and above, as well as 131,424 children under 5 years.

Last year, when I stood before this House, we reported that 1,126,012 (One million, one hundred and twenty-six thousand and twelve) household visits had been conducted through our Ward-Based Primary Health Care Outreach Teams as part of strengthening community-based care and preparing the ground for National Health Insurance.

In the current financial year, as at the end of February, the Department has already conducted 1,309,420 (One million, three hundred and nine thousand, four hundred and twenty) household visits. This places us firmly on track to exceed last year's performance by the end of the financial year, demonstrating sustained growth and deepening community reach. Beyond household visits, community outreach services have expanded significantly. The Department recorded 3.9 million community contacts, reflecting an increase of approximately 1.2 million visits, or 45% growth, compared to the previous year.

Services provided included screening for non-communicable diseases such as hypertension, diabetes and mental health conditions - a critical intervention in a province experiencing a growing burden of chronic illness. In addition, growth monitoring using Mid-Upper Arm Circumference measurements was conducted for 81,186 children under five, enabling early detection of malnutrition before it becomes life-threatening.

Maternal health interventions also formed a key component of household outreach. Pregnancy testing was provided to 53,467 women of childbearing age, resulting in the identification of 1,976 pregnant women, who were then linked to antenatal services for early care and monitoring.

HIV, AIDS, AND TB RESPONSE

As we delivery this policy speech, we celebrate World Tuberculosis Day, observed on the 24th of March, we make a clear statement: the fight against TB and HIV is not symbolic, it is active, targeted, and delivering results. Because of the work we have done to strengthen outreach, these teams are now central to our HIV and TB response.

Prevention remains central to our response. The province is scaling up the Pre-Exposure Prophylaxis (PrEP) programme. During the third quarter, the Department distributed 9.3 million male condoms and 687,700 female condoms. Performance was affected earlier in the year due to the manufacturer's failure to supply, which has since been resolved, and distribution is now stabilising as we intensify prevention campaigns across communities.

Progress towards the HIV 95-95-95 target is evident, with the province currently 94-76-95. During the year under review, the province tested 463,482 people for HIV in Quarter 3 and initiated 7,493 patients on antiretroviral treatment. We continue to drive the Closing the 1.1 million HIV Treatment Gap Campaign in pursuit of the 95-95-95 targets.

The Honourable Premier will launch the Lenacapavir long-acting injection, which will be rolled out across 49 facilities in four districts and two metros. This is a significant advancement in HIV treatment, as patients will receive an injection twice a year, offering a long-acting alternative to daily oral medication. The rollout will prioritise high-burden districts, facilities serving large and vulnerable populations, and key groups including adolescent girls and young women, men who have sex with men, sex workers, and transgender persons. The 49 facilities are distributed as follows: 8 in Alfred Nzo, 12 in Buffalo City Metro, 13 in Nelson Mandela Bay, and 16 in OR Tambo District.

The programme exceeded targets in tracing patients lost to follow-up, with 36,001 HIV clients traced against a target of 33,000, and 87,936 TB patients traced against a target of 5,250. This performance was driven by intensified outreach during World AIDS Day, focusing on treatment adherence and re-engagement in care.

Retention in care remains an area requiring focused attention. Adult retention stands at 64.3%, below the target, largely due to loss to follow-up, while child retention has reached 80.8%, exceeding the target.

Importantly, viral suppression targets have been achieved in both adults and children, reflecting improvements in treatment adherence and clinical management. Viral load suppression stands at 80.8% for children and 85.4% for adults in Quarter 3.

Tuberculosis continues to present a serious but manageable challenge. The treatment success rate currently stands at 71.4%, below the target; while the TB death rate is at 6.5%, and loss to follow-up is at 15.5%. These outcomes are largely driven by late presentation to healthcare facilities and gaps in patient follow-up.

In response, the Department is intensifying early detection through community outreach; strengthening treatment initiation and retention through Operation Phuthuma; and targeted interventions in underperforming districts. This is a sustained and deliberate effort to close the treatment gap, improve retention in care, and ensure that no person is left behind in the fight against HIV, AIDS and tuberculosis.

A major milestone during the year was the implementation of the court order enabling the permanent employment of Community Health Workers. As of the end of December, 1,093 CHW's had been appointed permanently out of 1,586 eligible workers, with the remaining appointments scheduled for completion by the end of March 2026. For 2026/2027 financial year, the department has set aside an amount of R222m budget for the Community Health Worker programme in the Community Outreach Services component (COS) within the District Health Programmes grant. This intervention is critical for stabilising the programme, improving continuity of care, and recognising the essential role played by CHW's during the COVID-19 pandemic and beyond.

For the 2026/27 financial year, the Department commits to conducting at least one major outreach campaign per district per quarter, ensuring that remote and underserved communities have regular access to essential healthcare services without the burden of travelling long distances.

OUTREACH AND STAKEHOLDER ENGAGEMENT

Taking Services to the People is a programme close to my heart. It is where government is seen, felt and measured. It is the manner in which we care for our people, close the distance between communities and clinical care as well as respond directly to the realities our people live with on a daily basis. Last year, I committed that we would conduct at least two outreach programmes per district. I am pleased to report that we have exceeded this target, delivering more outreach interventions across the province and expanding access to services where they are needed most.

The Department conducted 84 large-scale outreach campaigns across all districts during the first three quarters of the financial year, many of them focused on the poorest communities. These included integrated services delivered in partnership with other government departments and stakeholders such as the Department of Social Development through the Integrated Community Registration Outreach Programme (ICROP), the South African Military Health Services and volunteer medical groups providing specialised services. In one such outreach in the Enoch Mgijima Sub-District, 1,737 community members received comprehensive care, including dental, ophthalmic, rehabilitation and general medical services.

What we have been able to achieve in this space during 2025/26 is remarkable: we reduced backlogs, restored sight, expanded oral health services, strengthened maternal support and built partnerships that bring real resources to the public health system. In October 2025, we delivered targeted, high-impact interventions: At Frontier Hospital, 100 cataract surgeries were performed. At Bedford Hospital, over 125 orthopaedic procedures reduced surgical backlogs. In Dimbaza, 500 people were reached through TB awareness and treatment campaigns. Through Operation Smile in Mthatha, 993 patients were screened, 403 extractions performed, 184 restorations conducted, 73 denture impressions and 32 surgical procedures were performed.

In November 2025, we sustained this momentum: Orthopaedic backlog reduction continued at Cecilia Makiwane Hospital. Services on Wheels in Makana delivered screening and healthcare services directly to communities. In December 2025, we strengthened prevention and maternal support: World AIDS Day outreach expanded HIV prevention and screening. At St Barnabas Hospital in OR Tambo, 100 maternity support packs were distributed an additional 40

maternity packs were provided through partnerships. Across the province, the Oliver Tambo Orthopaedic Marathon delivered a further 125 operations, demonstrating what a co-ordinated public health system can achieve.

INFRASTRUCTURE

Honourable members, infrastructure remains one of the central pillars in rebuilding and strengthening our public health system. During the 2026 Budget Speech in February, the Honourable Minister of Finance, Enoch Godongwana, reaffirmed government's commitment to infrastructure-led growth and specifically identified the Nelson Mandela Academic Central Hospital as one of the key tertiary hospital development projects in the country.

Equally, when the Honourable Premier, Lubabalo Oscar Mabuyane, delivered the State of the Province Address, he made it clear that this administration is determined to reduce dependence on other provinces for specialized healthcare services and bring these services closer to our people.

As the Premier stated:

"Phambi kokuba lonyaka uphele, sizakugqiba ukwakha icandelo lomhlaza kwisibhedlele iNelson Mandela Academic eMthatha. Kulo msebenzi sityale iR416 million ukuze abantu bafumane ezinkonzo kufutshane, ingakumbi abaphesheya kweNciba.

This is the mandate we are implementing.

Nelson Mandela Academic Central Hospital Oncology

The Department has invested R416 million in the construction of a new Oncology Unit at Nelson Mandela Academic Central Hospital, including critical equipment, two linear accelerators valued at R42 million each and a brachytherapy machine valued at R26 million. We will open this facility on 18 July 2026, the birthday of uTata Nelson Mandela. It is a fitting tribute to Madiba's legacy, ensuring that access to care is not determined by geography or income.

This investment responds directly to the growing cancer burden in our province. Currently, Nelson Mandela Academic Central Hospital provides only chemotherapy services, while patients requiring radiotherapy are referred to Frere and Livingstone Hospitals, travelling distances of up to 600 - 800 kilometers. There are no dedicated oncology wards, no inpatient oncology services, and paediatric oncology is not available, with children referred outside the region.

The demand is significant. NMAH manages thousands of cancer cases, led by breast cancer (5,763 cases), followed by cervical cancer (3,616), prostate cancer (1,099), oesophageal cancer (831) and lung cancer (483).

This new unit, supported by an additional R96.4 million for commissioning and staffing in 2026/27, will deliver a 68-bed facility, including 30 male, 30 female and 8 paediatric beds, and bring fully integrated oncology services under one roof. For the first time, patients in the eastern region will access both chemotherapy and radiotherapy services in Mthatha, including advanced treatment, planning and follow-up care.

This is more than infrastructure. It is access. It is dignity. It is the end of long, costly journeys for care, and a decisive step towards improving cancer outcomes in our province.

We are also establishing a dedicated dental laboratory at the hospital. The laboratory will play a crucial role in the manufacturing of prosthetic devices, such as dentures, crowns and implants, which improve patients' oral function, aesthetics and overall quality of life. Specifically, we will contribute to the rehabilitation of patients who have undergone surgical resection of oral tumors, enhancing their ability to eat, speak and interact with others. The laboratory will also provide custom-made obturators for cancer patients, allowing them to speak and eat more comfortably after tumor resection and create customized dental prostheses for patients with congenital or acquired defects. Nelson Mandela Academic Central Hospital is well on its way to becoming a fully-fledged academic facility, strengthening specialized care, advancing clinical training and reducing the need for patients to seek services outside the province.

THE FIRST PUBLIC IVF CLINIC IN THE EASTERN CAPE: A NATIONAL MILESTONE.

On 30 January 2026, we officially launched the first public In Vitro Fertilisation (IVF) clinic in the Eastern Cape at Nelson Mandela Academic Central Hospital. This marks a historic step forward in advancing equity, dignity and access to reproductive healthcare. Prior to this, South Africa had only four public IVF facilities, located in Cape Town, Tshwane and Mangaung. With this launch, the Eastern Cape becomes the fourth province to offer public IVF services, and Nelson Mandela Academic Central Hospital the fifth public IVF site in the country.

Infertility is not a luxury; it is a medical and social reality. Globally, one in six people experience infertility. In Sub-Saharan Africa, secondary infertility affects up to 30% of couples, often due to untreated infections, delayed care and poverty. In many communities, this carries deep social consequences, particularly for women.

By establishing this clinic, we are not only offering treatment – we are also restoring dignity and confronting stigma with science and compassion. The service is supported by two sub-specialists in reproductive medicine, a qualified embryologist, trained midwives and specialist nurses. A structured referral pathway from primary care to specialist services is now in place, and the clinic is fully equipped, staffed, operational in line with national and international standards. In the private sector, a single IVF cycle can cost between R80,000 and R100,000 - placing it beyond the reach of most families. This public facility changes that reality. It opens the door to parenthood for the working poor, the indigent and the missing middle.

Honourable members, last year, when I stood before the house, I reported an extensive infrastructure programme focused on new builds, upgrades, maintenance and the expansion of services across all districts.

We outlined major projects including Bambisana, Zithulele and Madwaleni hospitals, investments in Dora Nginza, Cecilia Makiwane, the expansion of clinics, colleges and accommodation for healthcare workers. In the year under review, that programme has moved decisively from planning into delivery.

Among the flagship projects:

The R560 million Madwaleni Hospital revitalisation is underway, currently at 26% completion, and will significantly expand access to specialist services in rural Amathole. Also, within the Amathole District, the Balfour Clinic project is already at 82% completion, bringing improved access to primary healthcare services closer to the community and practical completion is expected in April 2026.

At St Elizabeth Hospital in OR Tambo, we are driving one of the largest investments in the province, a R3 billion project, with R1.4 billion already committed, to fully operationalise it as a regional hospital with ICU, theatres, radiology and expanded services. This work directly responds to the Premier's call to decentralise specialized services. We have also established a renal dialysis unit at St Elizabeth Hospital, reducing the need for patients to travel to Mthatha.

Progress is also visible across districts:

- Zithulele Hospital is at 86% completion, with over R1.1 billion invested
- Bambisana Hospital is at 82% completion, with over R638 million invested.

The department's R1,6 billion investment on upgrading of Bambisana and Zithulele Hospital are not just buildings. The facility will be provided with healthcare technologies (HTs) that are enablers for health professionals to improve the quality of health care services and lives of patients from birth up to elderly age. These technologies include high-end theatre equipment, radiology equipment, accident and emergency equipment, acute care equipment, rehabilitation equipment, dental care and chronic care management equipment. Both facilities are well-positioned for accreditation, as the Department ramps up for NHI.

Lady Grey Hospital upgrades which will cost R52 million, are underway to strengthen emergency and outpatient services.

In the Buffalo City Metro, the R55.6 million Cecilia Makiwane Rehabilitation Centre project is underway and currently at 18% completion. In Chris Hani, Frontier Hospital accommodation project valued at R81 million, currently at 65% completion and the Haytor Clinic infrastructure

project, valued at R9.6 million, is currently at 55% completion and progressing well. These projects are critical for improving staff retention and strengthening rural service.

Across the province, projects already awarded and underway include:

- The Greenville Hospital project, valued at R168 million, is currently at 17% completion despite initial delays. This will be a 100-bed facility, with 23 personnel already appointed in preparation for operations.
- The Cebe Village Clinic, valued at R64.5 million, is progressing well and has reached 35% completion as of March 2026.
- At Dora Nginza Hospital, upgrades to the value of R64 million are underway, while projects at Cecilia Makiwane Hospital, valued at R55.6 million.
- In addition, the Mjanyana Hospital minor maintenance project is currently out to tender, with procurement underway for a CIDB Grade 2GB or higher contractor.

At Goodhope Clinic, the Department has appointed a contractor through our implementing agent, the Coega Development Corporation, to undertake the design phase of the project. The contractor is expected to be on site in the first quarter of the financial year 2026/27 (between April and June).

With regards to Canzibe Hospital, the Department has allocated R4 million for the first phase, focusing on urgent repairs to the Outpatient Department and TB wards as part of disaster response interventions. The contractor for this phase has already been appointed, with site handover expected before the end of April. In parallel, planning for the main refurbishment project is being finalised, which will include staff accommodation and upgrades to security infrastructure. The contractor for the main project is expected to be on site by November this year.

The repairs and renovations to Cofimvaba Hospital project have been prioritised in the 2026/27 with a total of R3.5 million set aside for initiating the project. Advert is expected out in the first quarter of the financial year.

The construction of Elundini CHC has been prioritised in current financial year. The budget to complete the planning stages has been put aside to accelerate the project to tender documentation stage. The project is estimated at R60 million and projected to be advertised in the last quarter of the financial year.

Indwe CHC, in the Chris Hani district, is also earmarked to be advertised in the current financial year. The project is estimated at R120 million, which will include staff accommodation, EMS base and other critical support services. Procurement of the contractor is anticipated to commence on the second quarter of the 2026/27 financial year.

We are building a health system that meets the needs of our people, where they are. To address infrastructure backlogs and improve delivery speed, the department is engaging development finance and other state owned institutions, such as the Development Bank of Southern Africa (DBSA), and Industrial Development Corporation (IDC) to assist with the implementation of our infrastructure projects and also to explore possible areas of collaboration with respect to alternative funding sources and Public Private Partnerships (PPPs), as guided by the relevant regulatory prescripts.

The Department received an allocation of R70 million during the December 2025 budget adjustment to repair facilities damaged by weather-related disasters in the 2024/25 and 2025/26 financial years. Our implementing agent, the Coega Development Corporation, is currently in the process of appointing contractors, with repair work expected to commence in earnest at the start of the 2026/27 financial year.

REVITALISATION OF BHISHO AND GREY HOSPITALS

The Department has prioritised the revitalisation of Bhisho and Grey Hospitals as key central facilities. At Bhisho Hospital, there are several projects at different phases:

- Under construction in 2025/2026 year and to be completed in the 2026/2027 year, are upgrades to the hospital's water and sanitation systems.
- Urgent building repairs will be undertaken under the Disaster management programme, with contractors being anticipated to be on site in April 2026.

- Valued at R160million across the 2026/2027 MTEF, in the planning and design phase, are repairs and upgrades the nurses' accommodation, Casualty, psychiatric observation, OPD units, ablutions and reception areas.

At Grey Hospital, the Department will be implementing targeted refurbishments, including fire safety compliance, structural repairs, and replacement of ageing infrastructure. An amount of R2.9 million has already been committed in the current financial year, with further upgrades valued at R70million planned under the revitalisation programme in the 20267/2027 MTEF.

IMPLEMENTATION OF PUBLIC PROTECTOR RECOMMENDATIONS: STRENGTHENING SERVICE DELIVERY

The Department is on track in implementing the recommendations of the Public Protector's report at Dora Nginza Regional Hospital.

Significant progress has been made through the following interventions:

- Renovations of Wards C1- C3 have added 30 post-natal beds.
- To strengthen maternity and surgical services in the Western Region, the Department has invested over R40 million in maternity equipment, theatre equipment and autoclaves.
- In addition, linen has been procured for Dora Nginza, Settlers and Humansdorp Hospitals, improving both patient care and facility readiness.
- Laundry services have also been strengthened at Dora Nginza and Nelson Mandela Academic Central Hospitals through the procurement of industrial machines and dryers.

These interventions are improving functionality, quality of care and overall service standards.

IMPROVING ACCESS TO MODERNISED SPECIALIST SERVICES

The Regional Hospitals remain the backbone of our secondary healthcare system, providing specialist care, acting as referral centres and supporting training and research across the province. Across our five regional hospitals, the Department has strengthened governance, clinical oversight, infrastructure and service delivery, despite ongoing pressures.

At a system level, patient safety indicators have improved, with high reporting and case resolution rates, while targeted interventions are underway to address challenges such as staffing shortages, infrastructure constraints and increased patient complexity. These efforts are focused on strengthening clinical governance, improving patient flow, and ensuring that regional hospitals continue to deliver quality, accessible and efficient healthcare services across the province.

During the State of the Province Address, the Hon. Premier briefly highlighted several critical specialized health interventions currently underway in the province.

The penile reconstruction programme based at Nelson Mandela Academic Central Hospital, was conceptualised in 2017 in response to the growing number of patients requiring urological care following complications from botched circumcisions. Its purpose was to better understand the scale of the problem and develop appropriate, evidence-based interventions. A multidisciplinary team comprising plastic surgeons, urologists, and a psychologist - was established, working alongside an NGO with a database of affected individuals. With funding support from the National Department of Health and approval from the provincial leadership, the programme was launched in 2018, with the support of the House of Traditional Leaders. Since inception, a total of 60 patients have undergone reconstructive procedures, with a strong success rate. The Penile Reconstruction Project will now be fully integrated into the Clinical Specialist packages offered by the Department of Health and will be available in multiple sites. We have Plastic Surgeons in specific Tertiary Facilities. To improve access and follow-up, outreach services are now conducted at St Barnabas, Madzikane KaZulu Memorial and Zithulele hospitals.

Frere Hospital's Urology Department has initiated an outreach programme aimed at improving access to specialist care while strengthening clinical training commencing in the week of 23

March 2026. The programme targeted approximately 50 urology patients in outpatient departments, with procedures to be performed over four days - significantly reducing both outpatient and surgical backlogs.

This initiative is further strengthened through a partnership with Karl Storz Endoscope, which has committed to providing specialised urological equipment at no cost to the state.

The Department is strengthening renal dialysis services across the province. Plans are underway to increase capacity at the existing four dialysis sites and expand services into Alfred Nzo, Chris Hani and Sarah Baartman districts. This expansion will add 20 additional dialysis points, bringing the provincial total to 89 by the end of the next financial year. To support this scale-up, a specialist nephrologist has been appointed to extend services across all districts.

INVESTMENT IN MEDICAL TECHNOLOGY

During 2025/26, to improve Oncology services, we delivered on our commitment to provide new Linear Accelerators at Livingstone and Frere Hospitals at a value of 90 million.

Notably, both facilities have achieved remarkable progress in reducing waiting times for cancer treatment, with performance levels reaching approximately 90%. Livingstone Hospital is now initiating treatment in under one week, while Frere Hospital has reduced waiting times to under three weeks, marking a significant improvement in oncology service delivery across the province.

Advanced Medical Imaging: MRI Investment

As part of strengthening specialised services, the Department identified nuclear medicine as a priority area for improvement. An investment of R74.1 million has been made to replace and install new Magnetic Resonance Imaging (MRI) units. These units are equipped with state-of-the-art technology, supporting advanced clinical applications in neurosurgery, oncology, cardiology, paediatrics and general diagnostics. The inclusion of AI-enabled precision technology allows for faster scanning, improved image quality, and increased patient throughput.

Diagnostic Radiology: Digital X-Ray Programme

Radiology remains central to effective diagnosis and treatment. The Department continues to replace obsolete and non-functional X-ray equipment across the province. Over the past five years, more than 50 units have been replaced, representing an investment of over R150 million. In the current financial year, an additional 9 digital X-ray units, valued at R42 million, have been installed at facilities including St Barnabas, Midlands, Taylor Bequest (Matatiele), Mthatha General, Stutterheim, Humansdorp and Tarkastad Hospitals.

Strengthening Oral Health: Dental Equipment

To improve oral health services, the Department has invested R21.2 million in Dental Panoramic X-ray machines. These technologies enable early diagnosis of impacted teeth, jaw conditions, tumours and infections, reducing the need for referrals to tertiary hospitals and bringing services closer to communities. These services are now available at Oliver and Adelaide Tambo Hospital, Settlers Hospital, Fort Beaufort Hospital, Madzikane KaZulu Hospital, Butterworth Hospital and West End Community Health Centre.

EMERGENCY MEDICAL SERVICES

Last year, we stated clearly that the shortage of ambulances and personnel was a major constraint in delivering timely emergency care. We committed to strengthening the fleet, improving turnaround times for repairs and increasing personnel, including the target to bring additional ambulances into service and recruit emergency care professionals. In the year under review, we are delivering on that commitment. Through the R314 million Ministerial Intervention, we are strengthening our emergency response capacity with the appointment of 248 Emergency Care Officers and 4 paramedics. These appointments will immediately activate 31 additional ambulances, significantly improving access to emergency services across the province. At the same time, EMS personnel are undergoing training in customer care, ethics and Batho Pele principles to improve the overall quality of service delivery.

These investments are already improving performance. We set a target of 60% for EMS Priority 1 urban response times under 30 minutes. We have exceeded that target, achieving 63.8%, driven by the establishment of decentralised EMS satellite stations, particularly in Nelson Mandela Metro.

We are also modernising our Emergency Medical Services system. An investment of R64 million is being directed towards upgrading EMS operations, including the introduction of integrated call-taking and dispatch systems, the expansion of call centres to Komani and Mthatha and the rollout of wireless communication to reduce service disruptions.

We are strengthening both capacity and quality. A further R10 million is being invested in ambulance equipment. New EMS bases are also being established, including at Cebe Clinic, which is currently under construction and Xhorha Mouth Clinic, with additional sites to be rolled out across the province.

WE WANT TO HEAR YOU: RESPONSIVE SHARED CONTACT CENTRE

The Shared Contact Centre continues to make measurable progress in strengthening communication with our citizens and modernising how the Department responds to public needs. The department is now moving into full implementation of the 2026–2031 Strategic Direction, positioning the Centre as a responsive, people-centred frontline of our health system.

To support this, the Department is committing R35 million in the 2026/27 financial year to expand and strengthen the Shared Contact Centre. In addition, we are strengthening our partnership with SITA and the Office of the Premier to upgrade our Customer Relationship Management systems, enabling better case logging, routing, escalation and feedback. This will ensure a more transparent, accountable and traceable system for managing public queries and complaints.

FINANCIAL MANAGEMENT & GOVERNANCE

Maintaining unqualified audit opinion

The Department's Finance Branch continues to strengthen financial governance and accountability. In the 2024/25 financial year, the Department achieved an unqualified audit opinion, reflecting improved compliance with financial reporting standards, internal controls and sound public financial management. Building on this achievement, the Department is implementing measures to sustain this outcome in the 2025/26 financial year. In the 2026/27 financial year, the plan is to maintain and sustain the unqualified audit opinion.

The Department developed and implemented the 2025/2026 Audit Improvement Plan (AIP), based on the Audit Report for 2024/25. The implementation of this AIP has been monitored and reported on at the Weekly Audit Working Group meetings. The Internal Auditors were roped in to validate the AIP.

We have focussed on ensuring an accurate and complete eLiability register as this is the basis of the determination of contingent liability; asset verification that is underway and addressing material irregularities.

The Department is implementing the remedial actions recommended by the AGSA and addressing findings with respect to material irregularities. This includes execution of consequence management where officials are found to have caused the findings, as well as implementing more robust controls. The Consequence Management Committee structure in the Department where material irregularities, irregular expenditure and fruitless & wasteful expenditures are coordinated, reports to the Accounting Officer, who metes out appropriate sanctions.

The Department is committed to strengthening accountability, improving reporting quality and strict adherence to timelines in this structure. Any persistent delays and/or non-compliance will be escalated to the Head of Department for intervention in the year ahead.

In October 2025, the EC Department of Health went to benchmark the Free State Department of Health's approach to the Audit of Pre-Determined Objectives (AOPO). The recommendations from the bench marking exercise are being implemented and will contribute to our journey towards a clean audit opinion.

Supply Chain Management: Digitisation and Local Economic Development

During the 2025/26 financial year, the Department commenced the rollout of the e-Quotation system, which automatically distributes and receives quotations through the Central Supplier Database. In addition, the Department has implemented the submission of competitive bids through the National Treasury eTender Portal. These interventions are strengthening fairness, enhancing transparency, improving integrity and significantly reducing turnaround times in our Supply Chain Management processes.

The Department has made a significant breakthrough by procuring hospital linen within the Eastern Cape, advancing both service delivery and local economic development. The Department has contracted five suppliers for hospital linen, three of whom are based in the Eastern Cape, in line with our local economic development framework. Furthermore, through the ministerial allocation for linen, 30% of the total spend has been directed to a local government entity that employs persons with disabilities - ensuring that our procurement not only delivers value but also drives inclusion and empowerment.

ENHANCING REVENUE

The Department of Health continues to implement a range of interventions aimed at strengthening revenue generation and improving the overall financial sustainability of public health services in the province.

The material amount of revenue generated is from two of the Department's largest institutional debtors, namely the Road Accident Fund (RAF) and the Department of Justice and Constitutional Development (DOJ & CD). These entities rely heavily on public health facilities for the treatment of motor vehicle accident victims and court-referred psycho-legal observations. As a result, outstanding balances from these two sectors currently exceed R225 million, with the RAF accounting for approximately R127 million and the Department of Justice approximately R98 million. While billing by health facilities remains consistent, the pace of settlement from these entities continues to affect the Department's revenue performance.

To address this challenge, the Department has intensified its debt recovery mechanisms through inter-governmental relations involving the National Department of Health, Provincial and National Treasuries to accelerate the settlement of outstanding claims.

The Department is also in the process of finalising a Memorandum of Understanding with the RAF to streamline billing verification processes and improve payment cycles.

Similar engagements continue with the Department of Justice and Constitutional Development to resolve outstanding accounts relating to psycho-legal services provided at facilities such as Fort England Psychiatric Hospital.

Plans are underway to extend EMS billing to additional districts, including OR Tambo, Alfred Nzo, Sarah Baartman and Joe Gqabi. This will broaden the Department's capacity to recover costs associated with pre-hospital emergency care.

Our interventions like the rollout of the HMS2 revenue module, are aimed at ensuring that accurate billable services are all captured, that debtor accounts are actively managed and that revenue opportunities within the health system are fully realised.

Our revenue target for 2026/27 is R355,009 million.

INTEGRATED MEDICOLEGAL STRATEGY: MOVING FROM LEGAL TO CLINICAL FOCUS

In the sixth administration, we accelerated an integrated medico-legal strategy to reduce litigation, stop the outflow of funds, strengthen both our legal defence and clinical systems. In the year under review, we are implementing that shift. New medico-legal cases have declined from 124 to 91 over the same period. The 7th Administration is deepening this work by decisively shifting the system from litigation to clinical care - strengthening patient safety, improving quality of care, rebuilding trust between the Department and our people.
This includes the rollout of Centres of Excellence for Cerebral Palsy at facilities such as Dora Nginza, Cecilia Makiwane and Frere Hospitals, ensuring that where liability exists, care is provided through the public health system.

At the same time, we have strengthened accountability systems:

- 43 hospitals are now on HMS2, with 16 already on Phase 2
- All clinics are on HPRS
- 20 digitalization sites are operational to secure patient records

We are moving decisively away from a litigation-driven approach towards mediation, proactive case management, and improved PAIA compliance, supported by a dedicated unit in the new structure. We have also aligned our accounting systems with court processes and strengthened the eLiability register to ensure accuracy and transparency.

The recent Supreme Court of Appeal judgment in the Noyila matter was not favourable to the Department. We respect the judiciary, but we are approaching the Constitutional Court to seek clarity on key constitutional principles. Our position is clear: to protect the rights of individual patients, while safeguarding the sustainability of the public health system for the millions who depend on it.

LEADERSHIP POSITIONS

Honourable members, a year ago when I stood before this House, I committed that we would stabilise the health system by filling critical leadership and executive positions that had remained vacant for extended periods. Our Honourable Premier this week also stated that he wanted to see more CEO's being permanently employed in our hospitals. Today Premier, I am pleased to report that during the current financial year, the Department has made concrete progress in strengthening governance and administrative capacity by filling several key strategic posts across both major institutions and Head Office.

Institutional Leadership

- Chief Executive Office: Frere Hospital, appointed with effect from 1 December 2025, strengthening financial governance and accountability in one of the province's key tertiary institutions.
- Chief Executive Officer - Frontier Regional Hospital, appointed with effect from 1 December 2025, strengthening governance at this central facility.

- At Livingstone Hospital we are in the process of appointing a permanent CEO.
- At Nelson Mandela Academic Central Hospital, we had appointed a CEO, but the candidate has since declined the offer after accepting it. They received a counteroffer. We are readvertising the position.
- At Madwaleni Hospital, St Elizabeth Hospital and Empilisweni Hospital, the CEO posts will be advertised with recruitment soon to follow.

The following leadership appointments have been finalised in the 2025/26 financial year: the Chief Financial Officer at Head Office, was appointed with effect from 01 August 2025, enhancing financial stewardship, compliance and the sustainable management of public resources.

The Department will continue to prioritise strengthening leadership and support capacity across the health system. All together we intend to fill 10 Chief Executive Officer posts across district and central hospitals, including Sipetu and Maclear Hospitals. At Head Office, recent appointments, resignations and retirements have created gaps, and we will in the year ahead fill 12 critical leadership posts to strengthen governance and oversight.
Recruitment processes for the posts of Director: Salary Administration and Director: Nursing are currently being finalised.

In our effort to reduce unemployment among medical officers and strengthen clinical capacity, the Department has appointed 90 Medical Officers in the current financial year under Phases 1 and 2. In addition, through the Ministerial Allocation, a further 114 Medical Officers have been appointed, including 72 from the 2024 community service intake and 50 from the 2025 intake.

PRIORITIES FOR 2026/27: STRENGTHENING NON-CLINICAL SUPPORT SERVICES

In the 2026/27 financial year, we will prioritise the filling of non-clinical posts, which have not been filled over the past three years. In line with this reality, the Department will prioritise the recruitment of non-clinical support staff as a matter of urgency.

This investment in support personnel reflects a deliberate shift toward rebuilding the foundational systems that enable clinicians to do their work effectively. It is a practical intervention aimed at improving infection prevention and control, patient flow, facility functionality, and overall quality of care.

The ARP for 2026/2027 includes the appointment of:

- 1000 General Workers across districts and facilities, with 100 posts each allocated to Amathole, Chris Hani and OR Tambo, 80 to Sarah Baartman, and 75 to Alfred Nzo. At facility level, 67 posts have been allocated to Mthatha Regional Hospital, 48 to Frere Hospital, 36 to Livingstone Hospital, and 32 to Frontier Hospital, with an additional 15 posts allocated to Forensic Pathology Services.
- 56 administration posts to strengthen medico-legal strategy and ward administration and 8 porters.

We are also strengthening clinical capacity, promoting patient safety, better health outcomes and a positive experience of care with the following lifted from our ARP for 2026/2027:

- Professional Nurses - general and specialty and Operations Managers
- Medical specialists and Doctors
- Clinical support to bolster our rehabilitation services
- Pharmacists and pharmacy assistants

MATERNAL, CHILD AND WOMEN'S HEALTH & INTEGRATED NUTRITION PROGRAMME

The Maternal, Child, Women's Health and Nutrition outcomes in the Eastern Cape continue to show measurable improvement, although child malnutrition and teenage pregnancy remain priority areas that require sustained intervention. The Department has therefore strengthened both facility-based and community-based programmes to reduce preventable maternal and child deaths and to improve the overall wellbeing of women and children across the province.

This work takes on deeper meaning in 2026, as South Africa commemorates the 70th anniversary of the historic Women's March of 1956**,** when more than 20,000 courageous women marched to the Union Buildings to protest the extension of the apartheid pass laws to Black women. Their message was clear: *"Wathint' Abafazi, Wathint' Imbokodo."*

The work of this programme stands firmly in that tradition. In honouring the legacy of those women, we recommit ourselves to ensuring that no mother dies while giving life and no child is denied the opportunity to grow, thrive and reach their full potential. We have further filled this commitment by ensuring that there has been an improvement in the maternal mortality ratio from 114.6 per 100,000 in 2021/22 to 101.2 per 100,000 in the 2025/26 financial year (covering the first three quarters), with the target of 120 per 100,000 having been met. There has been a decline in maternal mortality in the three quarters of 2025/26 from 103.5 per 100,000 (Quarter 1), 77.6 per 100,000 (Quarter 2) and 99 per 100,000 in Quarter 3.

Interventions that have contributed to a decline in maternal death include the training that has been conducted by District Clinical Specialist Teams and through the Regional Training Centre. Maternal Death Assessors go through each maternal death file to understand gaps and come up with standard operating procedures that are implemented throughout the province. The Clinical Governance Committees sit at facilities and regional platforms to discuss and address bottlenecks that affect their performance.

To improve the first visit before 20 weeks and ensure timely diagnosis and interventions during pregnancy, every woman of childbearing age is offered a pregnancy test at both the facility and community levels through Ward-based Primary Health Care Outreach Teams.

We have further strengthened integrated service delivery by hosting 23 Department of Home Affairs service points within our health facilities, ensuring that services such as birth registration are accessible at the point of care, particularly for mothers and newborns.

HPV VACCINATION AND THE FIGHT AGAINST CERVICAL CANCER

During the 2026 State of the Nation Address, President Cyril Ramaphosa called on the nation to mobilise society to ensure that every girl between the ages of 9 and 15 receives the HPV

vaccine, protecting them from cervical cancer and advancing our national commitment to eliminate this disease.

The President made it clear that this vaccination campaign is not simply another health programme. It is part of a national mission to end cervical cancer in South Africa. As the Eastern Cape Department of Health, we fully align ourselves with this national mandate.
The Human Papilloma Virus vaccine protects young girls against cervical cancer later in life. Since its introduction into the public health system, this programme has been one of the most important preventative interventions in women's health.

In the 2024/25 financial year, the Eastern Cape allocated R41.6 million through the conditional grant to implement the HPV vaccination campaign across the province. Through this programme we successfully vaccinated 60,534 girl learners, achieving 93% coverage in Public and Special Schools. For the 2025/26 financial year, the Department increased funding to R44 million to expand coverage across both Public and Independent schools.

This improvement followed stronger engagement with the Department of Education, School Governing Bodies and parents. This campaign is more urgent than ever.

Recent data indicates that approximately 60% of women diagnosed with cervical cancer are HIV positive, demonstrating the devastating link between HIV infection and cervical cancer risk. This makes prevention through HPV vaccination, HIV prevention programmes and early screening critical. For this very reason, the Department has partnered with the Movement Health Foundation to drive demand for cervical cancer screening at both the community and facility levels. Screen and treat have been implemented to ensure that women who have abnormal cancer cells that have been detected and need treatment are treated on the same day and do not have to come back to the hospital for treatment.

It also reinforces the importance of integrated programmes such as HIV testing, cervical cancer screening and HPV vaccination working together to protect the health of young women.

While the programme is progressing well, one of the most significant challenges remains parental refusal to sign consent forms for their daughters to receive the vaccine at school. Even when the Department reaches the school and has the vaccine available, children cannot be

vaccinated without signed parental consent. I therefore want to make a direct appeal today to parents and guardians across the province:

Please sign the consent forms. It protects your daughters from a preventable cancer later in life. For the 2026/27 financial year, the Department has allocated R45.8 million to further strengthen the campaign.

Our target is ambitious but necessary:

- 95% vaccination coverage in Public and Special Schools
- 90% coverage in Independent Schools
- If we succeed in this effort, we will not only respond to the call made by President Ramaphosa — we will save the lives of thousands of young women in the Eastern Cape.

Teenage Pregnancies:

- Whilst child pregnancy (delivery 10 to 14 years in facility) is a serious concern, there is a marked decline of children 10 to 14 years delivered in the facility from 627 in 2021/22 to 396 in 2024/25. There is a projected decline in 2025/26, as indicated by low numbers in the first three quarters. There has also been a decline in the delivery of 15- to 19-year-olds at the facility, from 18,333 in 2021/22 to 14,903 in 2024/25.

The decline in child and teenage pregnancy is attributed to the following:

- The Department is working with Bumbingomso for demand creation on emergency contraception.
- The Department of Health is in collaboration with Bumbingomso through their call centre approach (in Buffalo City and Amathole) to address issues of sexual reproductive health and rights issues, including emergency contraception.

In November 2025, MCWH and School Health managers met with SAPS top management to review submission statistics for teenage mothers aged 10–14 years. The aim was for SAPS to

follow up on these cases and to rule out statutory rape where applicable and to take appropriate action where statutory rape is confirmed.

YOUTH ZONES

The Department continues to prioritise the health and well-being of young people through the expansion of Youth Zones across the province. During the year under review, 16 new Youth Zones were established, bringing the total number to 550 functional sites in public health facilities. These dedicated spaces, located within clinics, are designed to serve young people aged 10 to 24, providing a safe, confidential and non-judgmental environment where they can access essential services. Youth Zones offer a comprehensive package of care, including Sexual and Reproductive Health and Rights services, HIV counselling and testing, contraception, pregnancy support, mental health screening and health education. By creating youth-friendly spaces that reduce stigma and fear, the Department is enabling adolescents and young adults to seek care early, make informed health decisions, reduce risks associated with teenage pregnancy, HIV infection and other preventable health challenges. This intervention is a critical investment in the future health, productivity and social stability of the Eastern Cape.

FORENSIC PATHOLOGY SERVICES

Forensic Pathology Services remains a critical function at the intersection of health, justice and human dignity, ensuring that the causes of unnatural deaths are properly investigated and families are treated with respect. In the year under review, the Department strengthened operational capacity across the province.

We procured additional equipment, including eight specimen refrigerators and four autopsy saws, improved hygiene through cleaning contracts in Nelson Mandela Bay and enhanced workforce readiness through the provision of uniforms and facility maintenance.

We have also strengthened the link between health and the justice system.

The Department has now institutionalised the delivery of blood and toxicology samples, with regular submissions to laboratories in Durban and Cape Town, improving reliability in forensic evidence processing.

Madam Speaker, on one of the most sensitive matters, 218 pauper burials were conducted across districts through coordinated work with municipalities, ensuring dignified burials for the most vulnerable. We continue to improve performance. 98% of post-mortems were conducted within 72 hours, exceeding the target of 96%, reflecting improved capacity and efficiency. At the same time, we are strengthening the system through additional medical officers, staff support programmes, and improved infrastructure, while preparing for further upgrades in facilities such as Bizana, Mt Fletcher and Bhisho.

As of the first quarter of the year there are 559 unclaimed bodies across our facilities, with the highest numbers in OR Tambo (147) and East London (139). Progress is underway, with 80% approved for burial in King Sabata Dalindyebo Municipality, while remaining delays relate to outstanding SAPS statements and DNA results. To address this, a Provincial Liaison Committee with SAPS has been established, and a draft MoU has been finalised which will enable the Department to bury unclaimed bodies and recover costs from municipalities.

HEALTH CARE SUPPORT SERVICES: MEDICINE AVAILABILITY

Medicine availability remains central to service delivery. The Department invests close to R2 billion annually in medicines. Stock availability improved from 82.9% to 85.7% by December 2025, supported by supplier agreements, cost containment measures that saved R55 million, and strengthened supply chain management to protect continuity of care. On pharmaceutical depots, we have moved from constraint to correction. Through partnership with the Global Fund, infrastructure upgrades are now underway to meet regulatory standards, with 10 additional pharmacist assistants appointed to improve operational efficiency and support accreditation.

The Central Chronic Medicine Dispensing and Distribution (CCMDD) Programme continues to transform access to care. The programme has grown from 490,894 to 536,636 patients, now operating across 793 facilities and supported by 278 external pick-up points. Medicine availability in this programme remains strong at approximately 95%, ensuring treatment continuity for patients with HIV and other chronic conditions, while reducing congestion in facilities and transport costs for patients.

The Department continues to expand access to chronic medication through the CCMDD programme by increasing external pick-up points and strengthening community partnerships. In Quarter 3, a total of 536,636 patients collected their medication from 278 pick-up points across the province. As part of this expansion, the Department has signed a Memorandum of Understanding with the House of Traditional Leaders, enabling the establishment of pick-up points within communities.

REHABILITATION: ORTHOSES AND PROSTHESES

The Department continued to advance the transformation of orthotic and prosthetic services through innovation, improved access and patient-centred care. As part of modernising rehabilitation services and bringing specialised care closer to our people, the Department introduced the Direct Socket same-day prosthesis system through an outreach-based service model. This innovation has significantly reduced the need for patients to travel long distances and wait for extended periods before receiving prosthetic care. Through the Direct Socket technology, 79 patients were fitted with prosthetic devices using the same-day system. Our intervention has contributed to reduced waiting times, improved rehabilitation outcomes and enhanced access to timely prosthetic services particularly in rural and underserved communities.

In addition, a total of 373 patients were fitted with upper and lower limb prosthetic devices from the first quarter to the third quarter of this financial year. Orthotic services have also continued to expand. A total of 6,659 patients were fitted with orthotic devices across the province's three orthotic and prosthetic centres, including 441 custom-made orthoses specifically provided to paediatric patients.

To strengthen our manufacturing capacity and modernise orthotic fabrication, the Department has installed advanced 3D digital manufacturing machines for foot orthoses across all three orthotic and prosthetic centres in the province. These digital technologies will improve manufacturing precision, enhance production efficiency, shorten turnaround times, and support the broader modernisation of rehabilitation services.

In the 2026/27 financial year, the Department will intensify its efforts to eliminate the backlog of below-knee prosthetic services through the expanded implementation and scaling up of the

Direct Socket system. This will accelerate prosthetic provision and promote equitable access to rehabilitation services across all districts.

Through the continued integration of Direct Socket technology and digital 3D orthotic manufacturing, we will sustain the transformation of rehabilitation services by improving service efficiency, restoring functional mobility, and enhancing the quality of life of persons living with limb loss and mobility impairments.

CELEBRATING FRONTLINE WORKERS

As I conclude this Policy and Budget Speech; I would be remiss if I did not mention and dedicate this speech to the men and women of the Eastern Cape Department of Health. Because over the past year, our people have spoken, not through reports, but through their lived experiences.

In August 2025, at Livingstone Hospital, Mr Benjamin Ngqaza stood in a paediatric ward, singing and lifting the spirits of children who were in pain - turning fear into laughter. In December 2025, at Frere Hospital, patients spoke of Nurse Yantolo, "Dabs", who ensured every patient felt seen, heard and valued.

In January 2026, at Grey Hospital, Nurse M. Bomela cared for a patient with such compassion that it restored her sense of dignity in one of her most vulnerable moments.

In February 2026, at St Elizabeth Hospital, Dr Khanyile Mshibiliki returned on his day off to bring shoes to a young mother - because he understood that healthcare is also about dignity.

And at Frere Hospital's Oncology Unit, patients spoke of Nurse Notalili Loliwe, whose kindness transformed their experience of illness.

Even beyond our facilities, patients themselves have written, like Mr GA Unwin, who, after his surgery at Livingstone Hospital wrote to the Herald Newspaper to state that the care he received at the facility restored his life.

Madam Speaker, these are not isolated stories. They are a reflection of a health system carried every day by people who choose compassion, who choose care, and who choose service.

Honourable members, we hear the challenges, sometimes even from the members sitting in this house, but we must also recognise this truth:

Across this province, under pressure and without recognition, healthcare workers continue to show up for our people. They are the hands that carry the promise of Section 27. They are the people who turn policy into care.

CONCLUSION

As we mark 30 years of our Constitution, we are reminded that its promise must be realised not in words, but in lived experience. This year, we have demonstrated measurable progress. We have expanded Primary Health Care, reached over 1 million households and increased community outreach by 45%.

We have strengthened emergency medical services, improved response times and activating additional ambulances through new personnel.

We have stabilised medicine supply, improved availability, and protected continuity of care despite financial pressures. We have advanced infrastructure delivery, with projects under construction across all districts, including the R416 million Oncology Unit at Nelson Mandela Academic Central Hospital, which will open its doors this year.

We have also taken decisive steps to shift the system from litigation to clinical care, through Centres of Excellence and strengthened governance.

We have expanded access to specialised services, including IVF, renal dialysis, oncology and rural clinical training - bringing care closer to where our people live.

And we have delivered targeted outreach - restoring sight, reducing surgical backlogs, supporting mothers and strengthening prevention programmes.

This is not incremental change. It is a deliberate repositioning of the health system:

From hospital-centric to community-based care. From reactive interventions to prevention and early detection.

We recognise that challenges remain - in funding, in infrastructure backlogs and in service pressures. But we are not standing still. We are building capacity. We are strengthening systems. And we are preparing for the full realisation of National Health Insurance. We do this guided by Batho Pele - abantu kuqala.

We acknowledge the leadership of the Honourable Premier, the oversight of this Legislature, and the contribution of our social partners, organised labour and stakeholders. And above all, we honour management and healthcare workers of this province - who continue, every day, to turn policy into care.

In 1994, President Nelson Mandela reminded us that:

"Freedom should not be understood to mean leadership positions… It must be understood as the transformation of the lives of ordinary people… It demands of us to be in constant touch with the people, to understand their needs, hopes and fears, and to work together with them to improve their conditions."

- That is the work we are doing.
- To bring services closer to the people.
- To restore dignity in our facilities.
- To ensure that no person is left behind because of where they live or what they earn.
- To turn 30 years of constitutional promise into real, measurable change in the lives of our people.

2026/27 Budget Allocation by Programme and Economic Classification

PROGRAMME		*ALLOCATION R `000*
Prog 1	Administration	902,827
Prog 2	District Health Services	16,953,079
Prog 3	Emergency Medical Services	1,717,316
Prog 4	Provincial Hospital Services	4,856,847
Prog 5	Central Hospital Services	5,667,474
Prog 6	Health Sciences and Training	1,136,263
Prog 7	Health Care Support Services	251,191
Prog 8	Health Facilities Management	1,498,330
TOTAL		**32,983,327**

ECONOMIC CLASSIFICATION	*ALLOCATION R`000*
Compensation of Employees	22,409,848
Goods and Services	8,544,456
Transfer and Subsidies	303,561
Payment of Capital Assets	1,725,463
TOTAL	**32,983,327**

2026/27 Budget and Programme Allocation:

HEALTH

The department is allocated R32.983 billion in 2026/27 and R101.819 billion over the 2026 MTEF to fund amongst others the following:

- **Compensation of Employees (CoE):** As health is a labour-intensive department, an amount of R22.409 billion is allocated for CoE in 2026/27 and R67.900 billion over the 2026 MTEF. An amount of R2.482 billion is allocated for conditional grants in 2026/27 and R6.847 billion over the 2026 MTEF. Additional funding of R512.153 million has been allocated to CoE in 2026/27, of which: R242.308 million will support the employment of health professionals, while R269.845 million is allocated for the upgrading of Community Health Workers In total, R1.604 billion is allocated for these initiatives over the 2026 MTEF.
- **Health Infrastructure:** An amount of R1.724 billion is allocated for health infrastructure within the province and a total of R5.131 billion over the 2026 MTEF period for maintenance and repairs, upgrades and additions and rehabilitation and refurbishment for health facilities, including new infrastructure assets. Of the R1.724 billion, an amount of R818.917 million relates to the Health Facilities Revitalization Grant in 2026/27 financial year and R2.356 billion over 2026 MTEF.
- **District Health Programmes Grant:** An amount of R3.243 billion in 2026/27 and R10.112 billion over the 2026 MTEF is allocated for Human Immuno-deficiency Virus (HIV) test kits. Anti-retroviral Virus (ARV), Tuberculosis (TB) related medication, National Health Laboratory Services (NHLS) tests, Condoms, Compensation of Employees for health professionals, Human Papilloma Vaccine (HPV) and salaries for nurses who administers the vaccination, Salaries for Community Health Workers in the Community Outreach Services component, as well as vaccines for prevention of mother to child transmission on the HIV component
- **Human Resources and Training Grant**: An amount of R623.758 million in 2026/27 and R1.927 billion over the 2026 MTEF period is allocated for training and development of health professionals *(nurses, doctors, registrars, bursary holders, etc.)* and provision of critical staff at health facilities.
- **Tertiary and Specialized Hospital Services:** The allocation for these hospitals is R5.667 billion in 2026/27 and R16.970 billion over the 2026 MTEF
- **National Health Laboratory Services**: An amount of R1.366 billion in 2026/27 and R4.231 billion is over the 2026 MTEF period is allocated for blood testing *(HIV, Diabetes, High Blood Pressure, Cancer).*
- **Medicine:** An amount of R1.308 billion in 2026/27 and R7.146 billion over the 2026 MTEF period is allocated for medicine and other related drugs.
- **Medical Supplies:** An amount of R1.211 billion in 2026/27 and R4.022 billion over the 2026 MTEF period is allocated for blood products and medical implants.
- **Emergency Medical Services:** An amount of R1.717 billion in 2026/27 and R5.378 billion over the 2026 MTEF period is allocated for the operationalization of existing ambulances and Paramedics in the province

Madame Speaker, I present and table for consideration and approval by this august house of the people:

- The Eastern Cape Department of Health Policy and Budget allocations
- Strategic Plan 2026-2030
- Annual Performance Plan 2026/2027
- Operational Plan and Service Delivery Improvement Plan for 2026/27 financial year

Ndiyabulela
Thank you
Ke a leboha
Baie dankie

Thank You

Fraud prevention line: 0800 701 701
24 hour Contact Centre: 0800 032 364
Website: www.echealth.gov.za